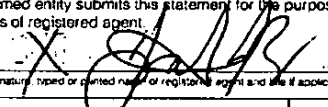
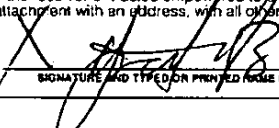


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90001 018 ***150.00

DOCUMENT # P03000009333					
1. Entity Name FENG YU, INC.					
Principal Place of Business 8201 S. TAMIAMI TRAIL #AF-4 SARASOTA, FL 34238			Mailing Address 8201 S. TAMIAMI TRAIL #AF-4 SARASOTA, FL 34238		
2. Principal Place of Business 8201 S. TAMIAMI TRAIL		3. Mailing Address 8201 S. TAMIAMI TRAIL			
Suite, Apt. #, etc. #AF-8		Suite, Apt. #, etc. #AF-8			
City & State SARASOTA, FL 34238		City & State SARASOTA, FL 34238			
Zip		Country		Zip	
Country		Country		04072005 Chg-P CR2E034 (10/03)	
4. FEI Number 30-0146689				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHOU, FENG-YU 8201 S. TAMIAMI TRAIL #AF-4 SARASOTA, FL 34238			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8201 S. TAMIAMI TRAIL #AF-8 City SARASOTA FL Zip Code 34238		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE 4/14/05 (Signature typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHOU, FENG-YU 8201 S. TAMIAMI TRAIL, #AF-4 SARASOTA, FL 34238		TITLE NAME STREET ADDRESS CITY-ST-ZIP	8201 S. TAMIAMI TRAIL, #AF-8 SARASOTA, FL 34238	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all officer like empowered.					
SIGNATURE: 			Date 4/14/05 Daytime Phone # 941 927 9437		

50053083

